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PTO/SB/01 (10-00)
Approved for use through 10/31/2002 OMB 0651-0032
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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number	1305/23
	First Named Inventor	ROBERT MARSHALL
	COMPLETE IF KNOWN	
	Application Number	/
	Filing Date	
	Group Art Unit	
	Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

ON -LINE DATA DISTRIBUTION AND BROADCAST SYSTEM

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) _____

as United States Application Number or PCT International

Application Number _____

and was amended on (MM/DD/YYYY) _____

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto
60/189,887	03/16/2000	

[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to:

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OR

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Correspondence address below

Name **ROLAND H. SHUBERT**

Address **Post Office Box 2339**

Address

City **Reston**

State **VA**

ZIP **20195-0339**

Country **USA**

Telephone **(703) 435-4141**

Fax **(703) 435-1842**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR :

☐

A petition has been filed for this unsigned inventor

Given Name

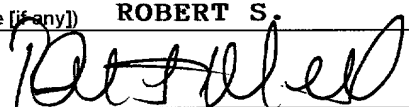
(first and middle (if any))

ROBERT S.

Family Name
or Surname

MARSHALL

Inventor's
Signature



Date

3/15/01

Residence: City

Ijamsville

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Country **USA**

Citizenship

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Mailing Address

City **Ijamsville**

State **MD**

ZIP **21754**

Country **USA**

NAME OF SECOND INVENTOR:

☐

A petition has been filed for this unsigned inventor

Given Name

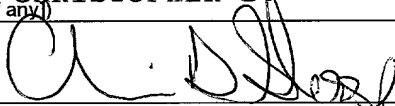
(first and middle (if any))

CHRISTOPHER D.

Family Name
or Surname

SLOOP

Inventor's
Signature



Date

3/15/01

Residence: City

Mount Airy

State **MD**

Country **21771**

Citizenship

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Mailing Address

City **Mount Airy**

State **MD**

ZIP **21771**

Country **USA**

☐ Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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PTO/SB/81 (10-00)
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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	
Group Art Unit	
Examiner Name	
Attorney Docket Number	1305/23

I hereby appoint:

☐ Practitioners at Customer Number

OR

☒ Practitioner(s) named below:

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Number Bar Code
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Name	Registration Number
Roland H. Shubert	24,639

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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☐ The above-mentioned Customer Number

OR

☒ Firm or
Individual Name

Roland H. Shubert

Address

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Address

City

Reston

State

VA

Zip

20195-0339

Country

USA

Telephone

(703) 435-4141

Fax

(703) 435-1842

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

Robert S. Marshall

Signature

Robert S. Marshall

Date

3/15/01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ Total of **2** forms are submitted.

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Application Number	
Filing Date	
First Named Inventor	
Group Art Unit	
Examiner Name	
Attorney Docket Number	1305/23

I hereby appoint:

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Name	Registration Number
Roland H. Shubert	24,639

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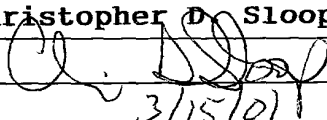
<input checked="" type="checkbox"/> Firm or Individual Name	Roland H. Shubert				
Address	Post Office Box 2339				
Address					
City	Reston	State	VA	Zip	20195-0339
Country	USA				
Telephone	(703) 435-4141	Fax	(703) 435-1842		

I am the

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Christopher D. Sloop
Signature	
Date	3/15/01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*

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